



LIBRARY

CAMELFORD RURAL DISTRICT COUNCIL



MEDICAL OFFICER OF HEALTH'S ANNUAL REPORT

1950

To the Chairman and Councillors of the Rural District
of Camelford.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the
Health and Sanitary conditions of the District for the year 1950.


Several of the Council's Main Sewerage Schemes were
completed or were approaching completion during the year,
and this may be looked upon as a very definite step forward
in Public Health. The Council is to be congratulated on the
strenuous efforts made and the determination to provide
a higher standard of sanitation for the District as a whole.

Housing, however, still remains one of the most serious
problems which the Council has to face and progress during
the year under review was slow. As pointed out in previous
Reports, the want of adequate housing is the cause of much
unhappiness, misery and suffering.

I wish to thank the Members of the Council's staff for
their co-operation and the assistance they have rendered me,
which has enabled me to carry out my duties.

I am, Ladies and Gentlemen,

Your obedient Servant,


Medical Officer of Health.

M.B., Ch. B.,
M.R.C.O.G., D.P.H.

Health Area Office,
Castle Green,
LAUNCESTON.

October, 1951.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29089980>

SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics

Area in Acres	52,544	(52,544)
Population	7,415	(7,506)
No. of separate dwellings occupied in 1950	2,461	(2,434)
Rateable value in 1950	£42,744	(£42,476)
Product of 1d. rate	£175. 5. 10	(£174. 17. 4)

Live Births

	Male	Female	Total
Legitimate	43 (54)	43 (55)	86 (109)
Illegitimate	1 (2)	4 (4)	5 (6)
Birth rate per 1,000 of population	-	-	12.27 (14.52)

Stillbirths

	Male	Female	Total
Legitimate	- (4)	1 (-)	1 (4)
Illegitimate	- (-)	1 (-)	1 (-)

Deaths of Infants under 1 year

	Male	Female	Total
Legitimate	1 (1)	1 (1)	2 (2)
Illegitimate	- (-)	1 (-)	1 (-)
Infant Mortality rate	-	-	32.96 (17.38)

Deaths of all Causes

	Male	Female	Total
	51 (46)	61 (41)	112 (87)
Death rate per 1,000 of the population	-	-	15.10 (11.59)

(Figures in brackets are for the year 1949)

The registered causes of death were:-

Causes of Death		Male	Female	Total
1.	Tuberculosis, respiratory	- (2)	- (-)	- (2)
2.	Tuberculosis, other	- (-)	- (-)	- (-)
3.	Syphilitic disease	- (-)	- (-)	- (-)
4.	Diphtheria	- (-)	- (-)	- (-)
5.	Whooping Cough	- (-)	- (-)	- (-)
6.	Meningococcal infections	- (-)	- (-)	- (-)
7.	Acute Poliomyelitis	- (-)	1 (-)	1 (-)
8.	Measles	- (-)	- (-)	- (-)
9.	Other infective and parasite diseases	- (-)	- (-)	- (-)
10.	Malignant Neoplasm, stomach	1 (2)	- (2)	1 (4)
11.	Malignant Neoplasm, lung bronchus	- (-)	- (-)	- (-)
12.	Malignant Neoplasm, breast	- (-)	4 (1)	4 (1)
13.	Malignant Neoplasm, uterus	- (-)	1 (-)	1 (-)
14.	Other malignant and lymphatic neoplasms	5 (2)	6 (4)	11 (6)
15.	Leukaemia, aleukaemia	- (-)	- (-)	- (-)
16.	Diabetes	- (-)	1 (-)	1 (-)
17.	Vascular lesions of nervous system	3 (3)	12 (8)	15 (11)
18.	Coronary disease, angina	5 (-)	6 (-)	11 (-)
19.	Hypertension with heart disease	5 (-)	- (-)	5 (-)
20.	Other heart disease	14 (14)	21 (12)	35 (26)
21.	Other circulatory disease	1 (4)	1 (-)	2 (4)
22.	Influenza	2 (-)	1 (1)	3 (1)
23.	Pneumonia	3 (2)	2 (2)	5 (4)
24.	Bronchitis	2 (3)	- (2)	2 (5)
25.	Other diseases of respiratory system	1 (1)	- (-)	1 (1)
26.	Ulcer of stomach and duodenum	1 (-)	- (-)	1 (-)
27.	Gastritis enteritis and diarrhoea	- (-)	- (-)	- (-)
28.	Nephritis and nephrosis	- (1)	- (1)	- (2)
29.	Hyperplasia of prostate	1 (-)	- (-)	1 (-)
30.	Pregnancy, childbirth, abortion	- (-)	- (-)	- (-)
31.	Congenital malformations	1 (1)	- (1)	- (2)
32.	Other defined and ill-defined diseases	5 (10)	5 (6)	10 (16)
33.	Motor vehicle accidents	2 (1)	- (-)	2 (1)
34.	All other accidents	- (-)	- (-)	- (-)
35.	Suicide	- (-)	- (1)	- (1)
36.	Homicide and operations of war	- (-)	- (-)	- (-)
		51 (46)	61 (41)	112 (87)

(Figures in brackets are for 1949)

SECTION B.

General Provision of Health Services.

Laboratory Facilities

As outlined in previous reports, the free use of the Public Health Laboratories are always available either at Exeter or Truro. In the main, most of the specimens from this district are dealt with at Exeter, and I should like to take the opportunity here of thanking Dr. B. Moore who is in charge of this Laboratory for the excellence of his work and the ready help he always gives.

Regular samples of water, milk and Ice Cream are carried out and on the whole the results have been satisfactory.

Clinic Facilities

Infant Welfare Clinic

Regular sessions are held in Camelford, Delabole and St. Teath. The number of children seen at these Clinics during the year was 704.

Much good and useful work continues to be done here, the emphasis being mainly on the Preventive aspect of Medicine. As outlined in the previous Report, this involves a good deal of Health Education. There is no immediate measure for assessing the result of our work here, but there is no doubt that our efforts are much appreciated by the mothers and their young children.

Orthopaedic Clinic

This clinic is held fortnightly and comes under the control of the West Cornwall Hospital Management Committee. This is a very useful Clinic and there is a distinct advantage in having this service in Camelford as otherwise many of the cases would have to be transported either to Truro or Plymouth.

Dental Clinic

Since making my last report we are still without a regular School Dentist. Discussions are at present in progress with the Local Executive Council to see whether the Dentists in this Area could set aside certain periods for the treatment of school-children. If this could be arranged, those children seen by the School Medical Officer who in his opinion require urgent Dental attention, would then have some priority. The scheme would depend on the full co-operation of the School Health Service with the local Dentists.

Ambulance Service

Our main Hospital Centres are situated in Truro, Plymouth and Exeter, and this necessitates a large amount of travelling. During the year the County Council acquired the old Ambulance formerly in the service of the Camelford Division of the St. John Ambulance Brigade. As this vehicle was difficult to maintain in a serviceable condition, it was replaced by a new Ambulance which is the property of the County Council. This vehicle is still used and manned by the voluntary members of the St. John Ambulance Division in the Camelford area.

To give the Council some indication of the work and mileage involved the Camelford Ambulance, during 1950 conveyed 96 patients a distance of 8,654 miles.

Hospital Car Service

Much of what has been said about the Ambulance Service applies to the Hospital Car Service. The Utilecon Ambulance which is situated in Launceston for conveying the sitting type of case has been a most valuable asset in the district. In addition to the use of this vehicle, we also use private cars to convey cases to hospital where this is appropriate.

The question of providing a Utilecon Ambulance to be located in Camelford is at present under consideration.

The Launceston Utilecon Ambulance during the year 1950 conveyed 1,661 patients, a distance of 55,502 miles, to hospital, a high percentage of which were drawn from the Camelford area.

In order that the Council may have some idea of the work done for the sitting type of case, the number of patients conveyed to hospital for the whole area was 4,687 patients, a distance of 160,373 miles, or an average of 34 miles per patient.

Regional Hospital Board

A Maternity Home is to be provided for the use of patients in this area at Old Tree House, Trebursey, near Launceston. It does not seem likely, however, that this Home will be ready for occupation before 1952.

SECTION C.

Sanitary Circumstances

Drainage and Sewerage

The Council's main sewerage schemes are for Tintagel, Bossinney, Boscastle, Delabole and St. Teath, and at the time of writing this Report are now completed. A considerable number of connections to private houses have already been made but many more are still left to be done and every effort is being made to get this work completed.

Water

During periods of heavy rain or flooding, the Camelford water supply is liable to pollution. The Council must consider some scheme to prevent this happening. Either there must be better protection for the gathering ground or some system of chlorination should be instituted. During the year 31 samples of water were taken from the public supply and 23 were found to be satisfactory with 8 contaminated.

Refuse Collection

During the year a comprehensive scheme of refuse collection has been instituted. Refuse is collected, by motor lorry, from the whole of the District with the exception of outlying farms, etc.

Ice Cream

There are three manufacturers and ten retailers registered and from whom samples are taken from time to time.

SECTION D.

Housing

During the year 1950 18 Council Houses were completed. The total number of post-war Council Houses constructed is now 73. In addition there have been 8 private enterprise houses built, with 4 more under construction.

As pointed out in my last Report, the progress in the construction of new houses is slow. There is still a heavy demand for housing accommodation. Also there are many insanitary houses which are still occupied and about the repair of which little can be done.

Nuisances and Defects

The number of nuisances detected	-	69
No. of registered notices served	-	2
No. of informal notices served	-	33

The remainder were dealt with by verbal notice.

SECTION E.

Inspection of Food

Throughout the year a considerable amount of food was condemned, most of this being of the tinned variety. When one considers the amount of tinned food consumed, and the amount which has to be condemned annually, the amount is only a very small proportion indeed.

Food Hygiene

Food Premises, hotels, and cafe kitchens in the district were regularly inspected during the year and improvements effected where necessary.

Clean Food Campaign

The adoption by the Council of the Model Bye Laws for the protection and handling of food has been followed up by lectures and film demonstrations by the Medical Officer of Health. Much useful work is done however when visiting hotels, cafes and restaurants, and every effort is made to impress on the owners and handlers, the importance of the cleanliness of their methods.

SECTION F.

Prevalence and Control of Infectious and other Diseases.

For purposes of comparison, the prevalence of Infectious Diseases in the adjoining Districts are given:-

Authority	Whooping Cough	Measles	Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Poliomyelitis (Paralytic)	Poliomyelitis (non-Paralytic)	Acute Encephalitis	Meningococcal Infection	Food Poisoning	Total
Camelford Rural District	13	3	9	13	3	-	1	-	-	-	9	51
Launceston Borough	13	-	-	2	2	-	2	1	-	-	-	20
Stratton Rural District	19	-	3	7	1	-	6	4	-	1	-	41
Launceston Rural District	18	1	2	1	1	2	1	-	-	-	-	26
Bude-Stratton Urban District	1	1	5	2	-	-	5	2	1	-	1	18
Total	64	5	19	25	7	2	15	7	1	1	10	156

It will be noticed that the incidence of Infectious Disease has been small and with the exception of Poliomyelitis in the adjoining areas, it would have been a good year. We are still very much in the dark with respect to this disease particularly as to the manner in which it is carried about and spread.

The Committee may be interested to learn that in the Bude Urban District and Stratton Rural District, where the incidence was high, research has been carried out to see whether the virus can be detected in the sewers. Large numbers of swabs have been suspended at various points for 48 hours and then transmitted to the Medical Research Laboratory in London, where subsequent injections were made in monkeys. So far, however, we have not been able to detect the virus outside the body.

Tuberculosis

The preventive aspect of this disease is now being seriously tackled. All contacts of cases of Tuberculosis are tested by means of special skin tests, and if suitable, will be protected against Tuberculosis by the use of B.C.G. Vaccine. This Vaccine is a modified form of the Tuberculosis germ which is harmless in itself but when injected is capable of enabling any individual to resist the disease.

The Council must remember too that special consideration must always be given in the question of re-housing where a case of Tuberculosis occurs in a family. Inadequate housing is without doubt one of the most likely methods of spreading Tuberculosis.

Diphtheria Immunisation and Vaccination

For purposes of comparison the figures of the whole area are given. During the year 1950 the number of Diphtheria Immunisations and Vaccinations in the whole area were:-

<u>Authority</u>	<u>Immunisation</u>	<u>Boosters</u>	<u>Vaccinations</u>
Camelford Rural District	73	22	35
Launceston Borough	35	51	20
Launceston Rural District	52	45	29
Stratton Rural District	61	53	29
Bude-Stratton Urban District	39	30	45

Once again I am pleased to report that no case of Diphtheria was reported in this District.



